



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: BB LR

Statement of Committee Organization

1. Statement Information

Date: _____

Type: ☐ New ☒ Amended (if amending, enter MEC ID C001135 & section changed 2 & 3)

2. Committee Information

A Better Missouri with Governor Jay Nixon

Name of Committee

Committee Mailing Address, City, State, & Zip

(573) 694-1802
Telephone Number

Official Committee Email Address

County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last)

Treasurer's Email Address (optional)

Treasurer's Mailing Address, City, State, & Zip

() _____
Treasurer's Home Telephone Number

() _____
Treasurer's Work Telephone Number

Lesley Lepage

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

P.O. Box 143 Jefferson City, MO 65102

(573) 694-1802

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number

() _____
Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☐ No

5. Official Bank Account Information (required by all committees)

Name & Mailing Address, City, State, & Zip of Financial Institution

Account Name

Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate

() _____
Telephone Number (Candidate Committees Only)

Election Date

Office Sought & Political Subdivision

Political Party

Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)

MISSOURI ETHICS COMMISSION